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Florida Department of State
Division of Corporations
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To:

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RESUBMIT

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From:

Account Name : CORPORATION SERVICE COMPANY
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10 MAR 29 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**FOREIGN PROFIT/NONPROFIT CORPORATION
MEGELLAN HEALTH SERVICES, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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March 30, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: MEGELLAN HEALTH SERVICES, INC.
REF: W10000015687

RESUBMIT

Please give original
submission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Dale White
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000070938
Letter Number: 510A00007773

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Magellan Health Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 58-1076937

(FEI number, if applicable)

4. August 11, 1969

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 55 Nod Road, Avon CT 06001

(Principal office address)

6950 Columbia Gateway Drive, Columbia MD 21046

(Current mailing address)

8. The provision of services related to managed healthcare.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Sonya L. Cordell

(Registered agent's signature)

Sonya L. Cordell
Assistant VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 PM 2:09

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12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: René LererAddress: 55 Nod RoadAvon CT 06001Vice Chairman: n/a

Address: _____

Director: William McBrideAddress: 55 Nod RoadAvon CT 06001Director: Michael DiamantAddress: 55 Nod RoadAvon CT 06001

B. OFFICERS

President: Karen RohanAddress: 55 Nod RoadAvon CT 06001Vice President: Jeffrey WestAddress: 10400 Magellan Plaza, Maryland Heights MO 63043Secretary: Daniel GregoireAddress: 55 Nod Road, Avon CT 06001Treasurer: Irene ShapiroAddress: 55 Nod Road, Avon CT 06001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Daniel N. Gregoire, Secretary

(Typed or printed name and capacity of person signing application)

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Delaware

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGELLAN HEALTH SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGELLAN HEALTH SERVICES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF AUGUST, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

0724001 8300

100327991

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7898786

DATE: 03-29-10